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APPLICANTS

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** CONTINUING DATA *****

None AM

** FOREIGN APPLICATIONS *****

None AM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
Verified and Acknowledged <i>CR</i>	<i>AM</i>	Allowance <i>AM</i>	Examiner's Signature <i>AM</i>	Initials <i>AM</i>			

ADDRESS

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TITLE

Method and system for automatic axial rotation correction in vivo images

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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